desired block site. A proximal end of the catheter includes a removable connector **90***a* suitable to connect to a connector of the infusion system **92**.

[0061] The infusion system **92** of the illustrated pain management kit **10** is also commercially available. With reference to FIG. **7**, the infusion system **92** generally comprises a reservoir **94** in fluid communication with a length of medical tubing **96**. The tubing **96** connects the reservoir **94** with a connector **97** suitable for connection to the connector **90***a* of the catheter **90**, as described above. While stored within the kit **10**, the infusion system **92** is preferably disposed generally in the space S**2**.

[0062] The infusion system **92** preferably also includes a catheter holder **95**, which is capable of securing both the connector **97** of the infusion system **92** and the exposed portion of the catheter **90**. Preferably, the catheter holder **95** has an adhesive backing suitable for use in a medical environment. Thus, the catheter holder **95** is useful to inhibit unintentional removal of the catheter **90**. A preferred catheter holder **95** is commercially available under the brand name STATLOCK.

[0063] Preferably, a fill hub **98**, a clamp **100** and a filter **102** are placed along the tubing **96**, between the reservoir **94** and the connector **97**. The fill hub **98** is capable of selectively permitting fluid communication between a syringe, such as the above-described syringe **88**, and the lumen of the medical tubing **96**. The clamp **100** is a conventional clamp which is suitable to selectively permit, or occlude, fluid flow within the tubing **96**. The filter **102** is also commercially available and is suitable to separate the drug from any contaminates found in the drug. The filter is also suitable to eliminate air from the fluid path.

[0064] With reference to FIGS. **8** and **9**, the items that are desirable for performing the pain management procedure and are not included in the pain management kit **10** generally comprise a nerve stimulator **104** (i.e., a current generating power source), an infusion pump **106**, and the anesthetic **108**. A desired nerve stimulator **104** is useful for generating a current to be applied to the epidural needle **82**, as described above. A desired infusion pump **106** is useful for inducing a compressing force on the reservoir **94** of the infusion system **92** to expel a drug contained therein. The anesthetic drug **108** acts on the target nerve bundle to inhibit nerve signals from passing therethrough.

[0065] The nerve stimulator **104** is a non-sterile electronic device that is reusable. Therefore, it would be undesirable to include the nerve stimulator **104** in the otherwise disposable pain management kit **10**. Similarly, the infusion pump **106** is reusable and, therefore, would also be undesirable to include in the kit **10**. The anesthetic drug **108** is desirably not included with the pain management kit **10** because the choice of drug **108** may vary widely among practitioners using the kit **10**.

Method of Using the Pain Management Kit

[0066] The contents of the pain management kit **10**, individually, and their method of use, are generally known in the performance of continuous nerve blocks, and is understood by those of skill in the art. As such, the method of use of the kit **10** will be described only in general detail that is helpful to exemplify certain features and advantages of the pain management kit **10**. Specifically, the method of use of the pain management kit **10** will be described in relation to an interscalene block procedure (i.e., a nerve block of the brachial plexus at the interscalene groove).

[0067] With primary reference to FIGS. **8** and **9**, the continuous nerve block procedure is preferably performed in a prep room before the patient enters the OR. To begin the procedure, the protective cover **14** is removed from the outer container **12**, exposing the sterile wrap **23** (FIG. **1**). The tape is removed and the corners of the sterile wrap **23** are folded back to expose the sterile medical supplies contained within the pain management kit **10**. The absorbent towel **27** may be removed for later use.

[0068] To create a sterile field, the drape **28** is removed from its place on the sterile field tray **24**, and is unfolded and placed over the patient. The drape **28** is positioned such that the pierce site P is exposed within the cutout. For the purpose of clarity, the drape **28** has been omitted from FIGS. **8** and **9**. The skin prep pad **30** is used to clean the patient's skin in the area surrounding the pierce site P. The iodine solution **32** is then applied to the skin surrounding the pierce site P with one or more of the prep sticks **34**, in order to sterilize the pierce site P. Advantageously, the sterile field tray **24** may then be removed to expose the contents of the main tray **26**.

[0069] To perform the local anesthetic procedure, one of the needles **68**, **70** and one of the syringes **72**, **74** are removed from their respective recesses **60** and assembled. One of the vials of Lidocaine **76**, **78** are selected, removed from its recess **60** and opened. The syringe and needle assembly (not shown) is loaded with Lidocaine with the Sodium Chloride solution **80** being optionally used as a dilutant. An injection is then made proximate to the desired pierce site P to anesthetize the area for insertion of the epidural needle **82**. The gauze pads **36** may be removed from the sterile field tray **24**, which has been set aside, and used to control any bleeding that may occur due to the injection of local anesthetic.

[0070] To perform the actual nerve block portion of the procedure, first, the infusion system **92** is removed from the pain management kit **10**, thereby exposing the other contents of the kit **10** disposed in the recesses **60**, **60***a* disposed in compartment **54**. The reservoir **94** of the infusion system **92** is filled with the anesthetic drug **108** by selecting the plastic syringe **88** and assembling the filter needle **89** thereto. The syringe/needle assembly **88**/**89** is then loaded with drug **108**. The needle **88** is removed and the syringe **88** is connected to the fill hub **98** of the infusion system **92**. The drug is then transferred from the syringe **88** to the reservoir **94**. This procedure is repeated until the reservoir **94** is sufficiently full. Optionally, this step may be performed before the local anesthetic procedure, and the filled infusion system **92** may be set aside for later use.

[0071] With reference to FIG. **8**, the epidural needle is removed from its recess **60** and the wire **83** of the epidural needle **82** is connected to the nerve stimulator **104**. Next, the glass syringe **86** is removed from its corresponding recess **60** and is loaded with the anesthetic drug **108**. The loaded glass syringe **86** is connected to the epidural needle **82** using the needle extension assembly **84** located in the pain management kit **10**. The epidural needle **82** is inserted into the patient at the pierce site P and is advanced toward the block site B. The nerve stimulator **104** is activated such that current is pulsed through the epidural needle **82**, preferably at about 0.2-0.5 milli-Amps (mA). The current through the needle **82** induces a motor response and when such a response is present at low current, proper placement of the epidural needle **82** is achieved. An injection of drug **108** from the glass syringe **86** is made and proper needle **82** placement is verified by a subsequent lack of motor response. Thereafter, the nerve